



# Human Resources

**ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS  
EQUAL OPPORTUNITY EMPLOYER**

**2300 Virginia Avenue Fort Pierce, FL 34982 – 5652  
Telephone (772) 462-1546 Fax (772) 462-2361 Jobline (772) 462-1967  
<http://co.st-lucie.fl.us>**

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Position(s) Applied For: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

Name: \_\_\_\_\_  
Last First Middle Initial

Present address: \_\_\_\_\_  
No. Street City State Zip

Home Phone: \_\_\_\_\_ Telephone # where you can be reached: \_\_\_\_\_

Would you work Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Were you previously employed by us? \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If not, Alien Registration or Visa Classification Form # \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

**THIS EMPLOYMENT APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED. List below all present and past employment, beginning with your most recent employment and describe all periods of employment including self-employment, unemployed periods and military service. Employment history must be complete. Use additional sheet if necessary.**

**This application must be filled out completely in order to be considered for an interview. If you are submitting a resume, it may be attached, but the application must be filled out.**

**If you are claiming Veterans Preference, you must attach a copy of your DD214 or your claim will not be valid.**

**If you are a college graduate, we must have a copy of your diploma or college record for the degree to be considered during the interview.**

**Application must be signed and dated.**

**If you have any questions, please ask at the front office.**

**St. Lucie County Board of County Commissioners is a Drug Free Workplace.**

## LENGTH OF EMPLOYMENT

**Firm Name**

**Mailing Address**

**City and State**

--	--

**From: Month**

**Year**

**To: Month**

**Year**

**Salary**

**Reason for Leaving**

--	--	--	--	--	--

**Type of Business**

**Your Title**

**Name and Title of Immediate Supervisor**

**Phone #**

--	--	--	--

Duties: (Describe, (in detail) the nature of the work personally performed by you)

--

**Firm Name**

**Mailing Address**

**City and State**

--	--

**From: Month**

**Year**

**To: Month**

**Year**

**Salary**

**Reason for Leaving**

--	--	--	--	--	--

**Type of Business**

**Your Title**

**Name and Title of Immediate Supervisor**

**Phone #**

--	--	--	--

Duties: (Describe, (in detail) the nature of the work personally performed by you)

--

**Firm Name**

**Mailing Address**

**City and State**

--	--

**From: Month**

**Year**

**To: Month**

**Year**

**Salary**

**Reason for Leaving**

--	--	--	--	--	--

**Type of Business**

**Your Title**

**Name and Title of Immediate Supervisor**

**Phone #**

--	--	--	--

Duties: (Describe, (in detail) the nature of the work personally performed by you)

--



**YOU MAY CLAIM VETERAN'S PREFERENCE IF:  
(Florida Resident Only)**

- (1) You were discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- (2) You have not been employed with a governmental entity within the State of Florida (previous employment will cause your veterans preference to expire). Previous employment with a governmental entity outside of the State of Florida will not expire the preference.
- (3) Disabled veterans who have served on active duty in any branch of the Armed Forces and who:
  - (a) have a presently existing service-connected disability which is compensable under public law administered by the VA; or
  - (b) are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the VA and the Department of Defense.
- (4) The spouse of any person who:
  - (a) has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment, or
  - (b) is missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- (5) A wartime veteran. i.e. you must have served at least one (1) day during a wartime period. (Active duty for training is not allowable for preference).  
**\*\*You may refer to the Veteran Preference Booklet in the Human Resources Department for the qualifying wartime periods\*\***
- (6) The unmarried widow or widower of a veteran who died of a service-connected disability.

**\*\*Attach Form DD214 (Certificate of Discharge or Separation from Active Duty)**

## RECORD OF EDUCATION

<b>High School:</b>	<b>College:</b>	<b>Other (Specify)</b>
Name/Address of School: _____	Name/Address of School: _____	Name/Address of School: _____
Course of Study: _____	Course of Study: _____	Course of Study: _____
Check Last Year Completed:  1 2 3 4	Did you Graduate?  Yes  No	List Diploma or Degree: _____ _____

You will be required to furnish copies of your Social Security card, Drivers license and diplomas at time of employment.  
 Type(s) of computer(s) \_\_\_\_\_ Typing Speed \_\_\_\_\_ WPM \_\_\_\_\_ Steno Speed \_\_\_\_\_ WPM  
 Indicate any other experience, skills or qualifications not mentioned in this application:

### Military

If you are claiming Veterans Preference – A copy of your DD214 MUST be attached.

<b>Were you in U.S. Armed forces?</b> Yes:  No:	<b>If yes, what Branch?</b> _____ _____	<b>Rank at Discharge:</b> _____ _____	<b>Type of Discharge:</b> _____ _____
<b>List duties in the service including special training:</b> _____		<b>Are you claiming Veterans Preference?</b> Yes:      No:	
<b>Have you ever been employed by the state or a political subdivision of the state including municipalities?</b>  Yes:      No:		<b>Date of Duty:</b> (Include month, day and year) From: _____ To: _____	

### Legal

<b>Have you <b>EVER</b> been convicted of or pled guilty, no contest or nolo contendere to a crime?</b> Yes:      No:			
If you answered YES to the above question, please give details below:			
<b>Date</b>	<b>Where arrested (City, State)</b>	<b>Nature of charge</b>	<b>Penalty/Disposition</b>

<b>Have you <b>EVER</b> been charged with a crime and either been placed on a court ordered probation, have adjudication withheld, or entered a pre-trial intervention program?</b> Yes:      No:			
If you answered YES to the above question, please give details below:			
<b>Date</b>	<b>Where arrested (City, State)</b>	<b>Nature of charge</b>	<b>Penalty/Disposition</b>

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my immediate termination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Applicant Driving History: Directions: Please print information EXACTLY as shown on driver's license.**

<b>Driver's License #:</b>	<b>State in which issued?</b>	<b>County in which issued?</b>	<b>Type:</b> CDL (class)  Operator	<b>Name and address if different from application:</b>	<b>If you have not held a Florida Driver's License for the past three years, please give the state in which it was issued.</b>
<b>Is your license currently valid?</b>  Yes:  No:	<b>Has your license expired?</b>  Yes:  No:	<b>Has your license(s) ever been revoked?</b>  Yes:  No:	<b>Has your license(s) ever been suspended?</b>  Yes:  No: If yes, give complete details.		
<b>List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.</b>			<b>Have you ever completed a Defensive Driving Course?</b> Yes:                      No:  <b>If yes, give complete details: (Month/day/year)</b>		

#### **EMPLOYMENT APPLICATION CERTIFICATION**

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the County to investigate all statements contained in this application, to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the County all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the County, including, but not limited to, any liability defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of a background investigation and/or County medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six (6) month training period. I further understand that my employment is at the discretion of the Board and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the County or myself. I understand that no supervisor or other representative of the County other than the Board has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the County to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

ST. LUCIE COUNTY  
EQUAL OPPORTUNITY INFORMATION SURVEY

St. Lucie County is an equal opportunity employer that supports and encourages the concept of Diversity in the workplace. All job candidates are treated equally throughout the employment process. To assist the county in monitoring their program, you are requested to provide the following information. THIS INFORMATION IS VOLUNTARY. Completing or not completing this survey has no effect on the processing of your application.

We appreciate your assistance and wish you success in your employment activity.

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS JOB: \_\_\_\_\_

Date of Birth: Month\_\_\_\_\_ Day\_\_\_\_\_ Year \_\_\_\_\_

Female                      Male

Veteran: Yes              No                      Disabled Veteran: Yes              No

ETHNIC GROUP: Please identify yourself in terms of the groups below:

White - (not of Hispanic origin): All persons having origins in any of original peoples of Europe, North Africa, or the middle east.

Black - (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Native American - All persons having origins in any of the original peoples of North America, and who maintain culture identification through tribal affiliation or community recognition.

## AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. ☐ If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report. ☐

**Print your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City: State: Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License State: License Number:** \_\_\_\_\_

*The following is for identification purposes only to perform the background check:*

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_

**Other or Former Names:** \_\_\_\_\_

**Professional License:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_